

R Sons (Homes) Limited

Church Farm Residential Care Home

Inspection report

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Norfolk
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Website: N/A

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was undertaken by one inspector on 23 and 28 January 2015 and was unannounced.

Church Farm Residential Care Home provides accommodation and care for a maximum of 40 older people, most of whom are living with a dementia. At the time of our inspection there were 37 people living in the home.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the manager and staff were knowledgeable about when a request for a DoLS would be required regarding changes in case law.

Staff had a good understanding with regard to identifying abuse and knew the reporting procedure, if they suspected people were experiencing abuse. Staff had also received appropriate training in respect of protecting people.

Everyone we spoke with, who was living in the home, confirmed that they felt safe living there. Relatives we spoke with also confirmed that they had no concerns about their family members' safety.

People were supported by sufficient numbers of staff, who received regular support and supervision, as well as training that was relevant to their roles. Staff confirmed and personnel records showed, that staff were only employed within the home after all pre-employment checks had been completed satisfactorily.

Medicines were stored, managed and administered safely.

People's care records contained appropriately detailed risk assessments and guidance for staff to follow, which

covered relevant aspects of people's daily lives. These helped ensure that people were supported and cared for safely and that risks to their health, welfare and safety were minimised.

Staff's attitudes towards people living in the home were warm, caring, kind and patient and people's dignity and privacy was consistently respected.

People's individual dietary needs were catered for in line with their care plans and people were supported to have sufficient quantities to eat and drink.

People or their relatives were involved in planning their own care and care plans provided clear information regarding people's histories, as well as their needs, preferences and choices. Activities and events were available for people to take part in when they wished. People were also able to choose when and what they wanted to do and where they wanted to spend their time.

All the people we spoke with said that they could speak with the manager or any of the staff if they ever needed to raise concerns or make a complaint. A complaints procedure was also available for people, relatives and others who used or visited the service.

The home was being effectively managed and regular audits were completed, covering areas such as health and safety, medication, care plans, accidents, incidents, falls and nutrition.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People living in the home said they felt safe.

Staff had a good understanding of the procedures for safeguarding people from harm and who they needed to report any abuse to if it was ever suspected.

Medicines were managed and administered safely.

There were sufficient numbers of staff on duty and prospective staff underwent thorough pre-recruitment checks to ensure they were suitable to work in the home.

Good



Is the service effective?

The service was effective.

Staff were supported by way of relevant training, supervisions and appraisals to deliver care effectively.

People were supported to have sufficient amounts to eat and drink and had their dietary needs met.

Staff understood their responsibilities in respect of the Mental Capacity Act 2005 and, where restrictions were needed in the interests of people's safety, the manager understood and applied the Deprivation of Liberty Safeguards (DoLS) appropriately.

Good



Is the service caring?

The service was caring,

People we spoke with all said they were happy and comfortable living in Church Farm and that the staff were good and caring.

People's privacy and dignity was consistently respected.

Visitors were met in a friendly and welcoming manner by staff and were able to spend time with their friend or relative in a place of their choosing.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved in the planning of their care, to ensure their needs, preferences and choices were met.

People were able to choose what they wanted to do and where they wanted to spend their time.

Everyone we spoke with told us they knew how to make a complaint if they needed and could talk to any of the staff whenever they wanted.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There was visible leadership within the home and systems were in place to ensure the quality of the service was maintained.

Regular audits were carried out, that included the views of people living in the home, relatives, visitors, staff and other healthcare professionals.

Church Farm Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 23 and 28 January 2015 and was undertaken by one inspector.

Before our inspection we looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the two days of this inspection we met and spoke with eight people living in the home and observed a further 20. We also spoke with seven relatives, the manager, two care staff, the cook, the activities coordinator and a visiting health professional.

Some people were living with dementia and not able to tell us in detail about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records for five people and a random selection of the medication records for a number of people living in the home. We also looked at the records for three members of staff in respect of training, supervision, appraisals and recruitment and a selection of records that related to the management of the service.

Is the service safe?

Our findings

All the people we spoke with who were living in the home told us that they felt safe. One person said, "...some staff are better than others but I don't have any real concerns. You can't get on with everyone but I will speak up if I'm not happy with something. I certainly feel safe here."

Another person said, "...of course I didn't want to have to leave my own home but I didn't feel safe there anymore. I feel perfectly safe here and my daughter doesn't have to worry about me any more..."

All the staff we spoke with confirmed that they understood what constituted abuse and were confident with regard to following the correct reporting procedure. Staff also told us that they had received training for safeguarding and protecting people from abuse. The training records we looked at confirmed that this was the case.

Staff told us that bed rails were used for some people but only after risk assessments had been completed. Staff also explained that these were used to protect people who were at risk from falling out of bed and not as a form of restraint.

The care records we looked at all contained individual risk assessments in respect of people's health, safety and wellbeing. Where risks were identified, we saw that clear guidance for staff was available, regarding the action needed to support people safely and minimise the risk to their welfare. The assessments in respect of areas such as falls, pressure care, weights and nutrition and hydration, were being consistently reviewed and updated on a regular basis, which ensured that people's needs continued to be met appropriately and consistently.

We noted that the home had a dedicated member of staff for general maintenance around the home. We saw that this person attended the home four days every week but was also available, when needed, in the event of any urgent or emergency issues.

The local authority's Fire Safety Officer attended the home in December 2013 and we noted that all areas were deemed 'satisfactory', with no outstanding concerns or issues.

We looked at the staffing levels during this inspection to make sure that sufficient numbers of staff were consistently

on duty to support people and safely meet their needs. We looked at the rotas for six weeks prior to our inspection and saw that all shifts had been covered to meet the staffing levels identified as required, by the provider.

In addition to a dedicated core team of care staff, many of whom had worked in the home for a number of years, additional staff were employed to carry out other duties such as cooking, cleaning, laundry, maintenance and activities.

The home used agency staff when needed but the manager told us that they always used the same agency to ensure consistency of care for people. Our observations during this inspection showed that there were sufficient staff on duty to meet people's needs.

The recruitment records for three members of staff were looked at during this inspection. Each of these contained the appropriate documentation such as, references, identification and satisfactory police checks.

We noted that where there had been a couple of issues relating to staff during the past year, the manager had carried out appropriate investigations and disciplinary action was taken, as necessary. This assured us that people living in the home were kept safe because robust recruitment practices were followed and people received care and support from suitable staff.

We observed two senior members of staff giving people their medicines during the lunch period on the second day of our inspection. Both members of staff showed proficiency with regard to the safe handling and administration of medication. For example, checking the person's record against the relevant medicine and securing the medicine trolley before leaving it unattended.

We saw that the staff spoke with people in a friendly manner and treated people with respect and dignity when giving them their medicine. We observed that one person was shown their tablets in a small pot first and, when they nodded and smiled at the staff in acknowledgement, their tablets were dispensed onto a spoon for them to take, which was their preference.

We looked at a random selection of medication records for a number of people and saw that these had all been completed appropriately, with no errors or omissions noted.

Is the service safe?

We saw that some people needed to take their medication in different ways such as covertly (disguised), or crushed. We saw that some people had expressed a preference to take their medicine with yoghurt, for example, as it made it easier to swallow. In all instances, we saw that 'best interest' decisions had been made and the GP's permission

had been obtained. We saw that there were clear guidelines and protocols for staff to follow in respect of the different methods used, when giving people their medicines, including pharmacy guidance in respect of 'crushing' tablets.

Is the service effective?

Our findings

All the staff we spoke with told us that they received appropriate training, support, supervision and appraisals from senior staff or management.

The staff files we looked at contained certificates in respect of training courses attended and we saw that these were 'in date' and relevant to the staff's work roles.

The manager and four senior staff had recently completed an Award in Education and Training (AET), which enabled them to deliver training to other staff at the home. For example, practical training for areas such as moving and handling and first aid could now be delivered by the appropriately qualified staff.

The manager had also signed up to an on-line academy and was in the process of getting all members of staff registered to complete relevant online courses covering subjects such as safeguarding, dementia awareness and medication safety.

Evidence of annual appraisals were seen in the files for two longer serving members of staff. The third member of staff had only recently been employed in the home and was currently in the process of completing their induction.

One member of staff we spoke with told us that they had worked their way up to a senior position and that they, "absolutely love working" at the home. This staff member said that the training and support was very good and that they could go to the manager or any of the other management/senior team if they had any problems or concerns.

Our observations during both days of our inspection showed that people's needs were consistently met by staff who were competent and had a good knowledge of the people they were supporting. We also saw that staff responded promptly to people's call bells throughout the duration of this inspection.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The DoLS are a code of practice to supplement the main Mental Capacity Act 2005 Code of Practice.

We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using the services by ensuring that, if there are restrictions on their freedom and liberty, these are assessed by professionals who are trained to assess whether the restriction is needed.

The manager told us that they had recently needed to make an application for one particular person and that the relevant professional would be undertaking an assessment as soon as possible. The manager also explained that they had completed a 'Deprivation of Liberty Screening Checklist' from the Local Authority for all the people living in the home where their capacity to make some decisions was in question.

From our discussion with the manager and some staff members, we were assured that the DoLS were being applied appropriately in the service.

We saw that some people had official requests not to be resuscitated in their care records. In all instances we saw that these had been completed appropriately, with 'best interest' decisions made with family involvement, where necessary.

We found that people's individual dietary needs were being catered for effectively and in line with their care plans and personal wishes.

We overheard a member of staff asking one person what they would like for lunch that day and discussing the choices with them. One person we spoke with told us, "...the food is excellent, always very good. There's always at least two choices..."

People were provided with sufficient quantities of food and, although there were two main choices for dinner, we noted that there were a number of variations to these. Desserts were offered to people from a 'sweet trolley', where people could see the choices available and we saw that this greatly helped people to be involved and make decisions for themselves.

We observed that one person, who was deaf, communicated some of their needs and wishes with staff by writing things down. The cook told us that they always wrote down the meal choices for this person, so they could make their own informed decisions regarding what to eat.

Is the service effective?

We also saw that some people required adapted cutlery or crockery, such as plate guards, shaped cutlery or spouted cups. We saw that these were provided in accordance with people's needs, which helped to maximise and maintain people's dignity and independence.

Whenever there were any concerns with regard to people's weights or their ability to eat or drink, referrals to the dietician or speech and language team were made promptly.

Some people needed to have their intake of food and drink monitored and we saw that food and fluid sheets were being completed for these people. The information we saw showed clear measures of the amounts people had actually eaten, drank, or refused. We noted that this information was also audited, so that prompt action could be taken when people were not eating or drinking sufficient amounts.

We saw that people had good access to external healthcare services. Where concerns around

people's health or needs were identified, appropriate and timely referrals were made to the relevant professionals. In addition, we saw regular input from the Speech and Language Team, district nurse and physiotherapist.

One person we spoke with told us, "I've just got new hearing aids, the lady came here and sorted it all out."

A visiting Community Psychiatric Nurse (CPN), who was working closely with two people living in the home said that the staff at all levels were very good and that they had no concerns at all with the way that people were cared for and supported in the home.

The manager told us that the GP made routine visits to the home every Friday and that a list of people's non-urgent issues was compiled by staff, in preparation for the GPs visit. The manager also told us that the home had built up a very good working relationship with the medical staff at the local surgery and that staff in the home had no hesitation in calling the doctor at any time if people had any urgent issues.

Is the service caring?

Our findings

All the people we spoke with all said they were happy and comfortable living in the home and that the staff were good and very caring.

One person said to us, "...of course, they look after us all very well, I'm very happy here thank you..." Another person said, "...everyone's very good here, we're all very good here..." A third person told us, "...I became very nervous living on my own. I'm not used to being with so many people, but I don't like to miss anything..." This person also told us that they had been involved in all aspects of their care planning and agreeing to move into the home.

The care plans we looked at all contained individual 'pen pictures' which gave a good insight to each person's personal history, as well as their hobbies, likes and dislikes. We saw that people had been actively involved in compiling their care plans and, where people had been unable to do this, we saw that their relatives or other appropriate people had contributed either with them or on their behalf.

One relative we spoke with told us, "...moving [name] into a home was the hardest decision I've ever had to make but the care here is excellent..." Another relative said, "We really can't fault the care here, they know what [name] needs and have got to know [name] very well. It hasn't been easy but [name] has settled well now, which is a big relief for us..."

In one of the smaller lounges, we observed cheerful and friendly interaction and banter between people living in the home, staff and visiting relatives. Overall, we saw that staff were friendly and polite and interacted cheerfully with people, in passing as well as during the course of their duties.

The activities' coordinator told us that they frequently spent time with people on a one-to-one basis, doing hand massages, people's nails and assisting people, who required support, with their meals. Our observations showed this to be the case.

During our lunchtime observations, we noted one member of staff discretely asking someone if they could manage, or would they like the staff to cut their food for them. The person responded, "Yes please" with a nod and smile, and the staff then sat beside the person to cut their food, without compromising that person's dignity.

A member of staff we spoke with said that they believed that the people living in the home always got the 'right care' and that it was always timely. We asked if this member of staff could tell us what they felt was the best thing about the home and their response was, "All of it really... but the one thing I am most proud of is that the residents always come first. Everybody really cares about the people here and the only thing on our minds when we come to work is caring for people properly. Some shifts can be a bit stressful but we don't let the residents see that and if we've got any problems outside of work, they stay outside. I'm really proud that we all feel the same and it shows with everyone, all the staff really care."

The manager told us that they sought to ensure people's privacy and dignity. Although the service was registered to accommodate 40 people, they only ever admitted 37, as three of the rooms were classed as 'doubles'. The manager explained that they didn't feel it was appropriate for people to share a room, unless it was on the request of both people.

Is the service responsive?

Our findings

The care records we looked at and our observations throughout both days of our inspection, showed that people were recognised and treated as individuals and that the care provided was person centred.

One relative we spoke with told us, "...they've picked up on [name]'s personality here..." and, "We review [name]'s care plan once or twice a year." Another relative said, "The activities are very person centred here." This relative also told us that they were glad that their family member had been able to move into Church Farm, as another relative had also lived there previously and everything had always been very good.

We saw that people were able to choose where they wanted to be in the home and activities were available if people wished to join in with these. One person told us, "...I prefer to stay in my room and I'm quite happy thank you..." Another person we spoke with, who was in the lounge with the budgerigars, told us that they really liked being in this room and that they liked the birds. This person said, "...they (the birds) are lovely aren't they." They also said, "It's always cheerful here – we often have a good laugh together..."

We saw that people were involved in planning their own care as much as possible and that thorough assessments of people's needs were carried out before people moved into the home, to ensure the home could meet these needs appropriately and effectively.

With people's consent, information sheets were seen on the inside of some people's bedroom doors explaining things like the person's name, their preference of the carer's gender, communication, personal care, hearing, wishes in respect of resuscitation and food needs and preferences. This helped staff to know people's needs and support them consistently and effectively.

We noted that effective handovers took place at each shift change, with good communication between staff. Clear daily records were consistently completed and maintained.

The activities coordinator told us that they assessed people's moods on a daily basis and tailored activities to suit people's individual requirements, often spending 1-1 time with people, talking and getting to know them. Some group activities, such as bingo, quiz and scrabble were also available for people if they wished to take part. They also told us that they were hoping to get a couple of people involved in doing the Church Farm magazine. They said that one person used to type and would probably enjoy interviewing staff and then typing the articles for the magazine.

We noted that audits of care plans were being carried out monthly and all the records seen were clear, detailed, had been reviewed regularly and matched the people we met.

We saw that people's independence was consistently promoted. For example, we observed that a number of people were supported to transfer and mobilise by using a 'Cricket'. (This is a handling device which promotes correct standing and strengthens the correct muscles.) This helped to maintain mobility, reduce contractures and promote a person's independence.

All the people we spoke with told us that they knew how to make a complaint if they needed to and that they felt they were listened to and any concerns taken seriously. One relative said, "I can't complain at all, they've been amazing – they're all amazing..."

Another relative told us, "...if there's anything to complain about, it would be the laundry, [name]'s clothes do sometimes get muddled up with other people's, which is very frustrating but other than that, I can't complain about anything..." We discussed this with the manager during our inspection, who showed us the action and strategies they had already implemented to try and prevent recurrences of this. They also told us that they were speaking with other services, to establish any better solutions to the problem.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. This person had been the registered manager for 10 years, which provided stability with the running of the home as well as for the people who lived there, their relatives and the staff team.

People living in the home, relatives and staff we spoke with told us that the registered manager was very approachable and always had an 'open door policy'. During our inspection we observed various people calling in to the manager's office for a chat with the manager and all were made welcome.

One person we spoke with told us about the manager, "She's a good 'un she is, you won't get better than her..."

A relative said, "...I can soon say if I'm not happy about anything. [Manager] is a good judge of character and there's a good balance of staff here. There is a good hierarchy and it works - If there are any hiccups, they soon get sorted out..."

The registered manager had reported all notifiable events to the CQC as required. (A notification is information about important events the provider must inform us about by law).

The manager told us that they always had very good support from the provider. They also said that the provider was very fair and trusted their judgement, particularly where investing in improvements was concerned. For example, in 2014 the manager identified a need for

purchasing new chairs in the lounge, with pressure relieving cushions. Although this had not been included in that year's budget, the provider authorised the purchase without delay.

The manager also told us that the provider visited the home every fortnight but would also attend at any other times, if needed. The manager also explained how they networked with the managers of other homes, also owned by the provider, for additional support and advice when needed.

We saw that the home had a number of systems in place in order to ensure the service provided was regularly monitored. Care plans and people's individual assessments in respect of risk, were audited, reviewed and updated regularly.

We noted that, although quality assurance questionnaires were sent to relatives in June 2014, there had been a very low return rate. There was no formal quality assurance process in place for people living in the home but the views and feedback from people living in the home was gathered in a number of ways. For example, the manager regularly joined in with the handovers and completed a 'daily walk-around' to gather people's views and take note of any issues.

Regular staff meetings also took place and the staff team as a whole, including the activities' coordinator and kitchen staff, regularly took note of people's comments, thoughts and feelings.

This confirmed to us that the service was being well run and that people's needs were being met appropriately.